Episode 47: Preparing for Act Three

Chris Dall: [00:00:05] Hello and welcome to the Osterholm Update: covid-19, a weekly podcast on the covid-19 pandemic with Dr. Michael Osterholm. Dr. Osterholm is an internationally recognized medical detective and director of the Center for Infectious Disease Research and Policy, or CIDRAP, at the University of Minnesota. In this podcast, Dr. Osterholm will draw on more than 45 years of experience investigating infectious disease outbreaks to provide straight talk on the covid-19 pandemic. I'm Chris Dall, reporter for CIDRAP News, and I'm your host for these conversations.

Chris Dall: [00:00:42] Last week on the Osterholm Update podcast, Dr. Osterholm envisioned the coming weeks and months of the covid-19 pandemic as a four chapter story, with each chapter addressing our current mindset and the different challenges facing us. This week, we're going to continue on our literary theme, this time using the analogy of a three act play. The first act of the pandemic play saw the introduction of the novel coronavirus, the first wave of infections and lockdowns, and a premature reopening as people thought that the worst was behind us. The second act was marked by a big summer wave of infections, followed by an even worse wave in the fall and early winter that saw unprecedented numbers of cases, hospitalizations and deaths. Then two new plot points: covid-19 vaccines and dangerous coronavirus variants were introduced at the end of act two. And now we're in the second intermission waiting to see how those two plot points play out. It's an imperfect analogy, but on this March 11th episode of the Osterholm Update, we'll be exploring how this third act of the covid-19 pandemic may unfold, looking at how those two key plot points, the vaccines and the variants, will affect the storyline. Within this discussion, we'll also talk about the CDC's recent guidelines on what fully vaccinated people can do and look at how vaccine inequity could extend the third act of the pandemic. We'll also answer a listener email about vaccinated residents of congregate settings and highlight a pandemic act of kindness from one of our listeners. But first, we'll begin with Dr. Osterholm's opening comments and dedication.

Michael Osterholm: [00:02:11] Thank you, Chris, and welcome to all of you to another episode of the Osterholm Update. We very much appreciate our podcast family that joins us week after week. And if you're new to this podcast, we hope that you find something that you can gain from this podcast. And even to the extent that you begin to

feel what so many of us who are weekly participants in this activity feel with regard to coming together, sharing information, sharing our feelings and what's happening and how we're going to get through this pandemic. Again I want to thank the crew for all the work that they do to help put this together. It really is a team effort. And as I've said many times, there's no I in team and I appreciate that so much. And I'm going to comment at the end of the podcast about you. About the audience that has made this podcast so important to so many of us. And so I can't say enough about how you have made the podcast turn out to be what it is. In terms of dedication this week, it seemed very natural for the dedication that we're about to share with you. As you may know, the UN Women announces the theme for the International Women's Day, which was this past week, March 8th, 2021, as 'women in leadership achieving an equal future in a covid-19 world'. The theme celebrates the tremendous efforts by women and girls around the world in shaping a more equal future and recovery from the covid-19 pandemic. In addition to persistent pre-existing social and systemic barriers to women's participation and leadership, new barriers have emerged with the covid-19 pandemic. We all understand that across the world, women are facing increased domestic violence, unpaid care duties, unemployment and poverty. Despite women making up the majority of the front line workers, there is still a disproportionate and inadequate representation of women in national and global covid 19 policy spaces. We have to understand that the women have done so much under such a challenging situation to help us move through this covid-19 pandemic. And it's really based on what I would call this important theme that I consider the dedication for this week's episode. As most of you know by now, if you've been listening to this podcast, one of the most special gifts, if not the most important of my childhood, was a relationship I had with Nana, the co-owner of the newspaper where my father was a photographer. She was in her mid forties when I was born. She had one daughter and then essentially had me. I became her adopted son. And she in turn became the mother of my soul. Her spiritual DNA is still in every cell of my body, and it literally helped shape the very values I cherish today. She was the essence of a Renaissance woman, having an MA degree in journalism. She was a world traveler and fluent in multiple languages. She loved learning. Oh, did she love learning. Over the course of twenty plus years, she died when I was twenty seven, we shared hundreds and hundreds of hours of soul searching conversations and she wrote me hundreds of letters and notes that would appear in the mail, even though her house was just eight blocks from our house. She also gave me her copies of The New Yorker, which included the section entitled 'Annals of Medicine: The Outbreak

Medical Mystery Stories' by Burton Roueche that captured my eternal attention towards becoming an epidemiologist. In the spirit of the International Women's Day celebration, I dedicate this podcast with all my heart and soul to you, Nana. Now, before we move on past this, we do have one other very important piece of information we must share. This has become somewhat of a point of interest amongst many of you. And for those in the northern hemisphere, let's celebrate. For those of you in the southern hemisphere, I'm doing everything I can to share the warmth of the light here with you. We are now at the most dynamic days of the year in terms of increase in light length for the Northern Hemisphere. It's notable that for today's podcast we will actually have eleven hours and forty two minutes of sunlight. Hard to believe, but we've gained twenty two minutes since last week and now we're at two hours and fifty seven minutes of light gained since the winter solstice. And for the next several weeks the gain will continue to increase ever so slightly with twenty three/twenty four minutes, respectively, gained over the next two weeks. And then the gain slows down, we'll still have more gain but the gain slows down now from the vernal equinox or that March 20th date in the Northern Hemisphere in 2021, and as we move towards then the June twenty first date when it's the first day of summer. So that daylight's come and guys, it's getting there more and more. For those in the Southern Hemisphere, we share it with you. And for those of us in the northern hemisphere, oh, it feels good to see the light of day.

Chris Dall: [00:07:42] As I noted in the intro, the three act play analogy is imperfect, but it does feel like we are in the second intermission here in the United States waiting to see how this third act unfolds. So let's start with one of the plot points, the vaccines. We now have more than 61 million Americans who received at least one dose of the vaccine, more than 32 million who are fully vaccinated. And the rollout is picking up steam. So, Mike, is the current pace of vaccination enough to lessen the impact of the surge in cases that you see coming?

Michael Osterholm: [00:08:11] Every dose of vaccine is a gift. Every dose of vaccine makes a difference. And so from that perspective, of course, the more doses we get out, the more doses that people get in their arms, the better we all are protected. But we have to put that into some perspective. If you look right now, globally, there's been about three hundred and ten million vaccine doses that have been administered worldwide. Now, that sounds like a lot. But again, remember, we have eight billion people. And for most of these vaccines, it's a two dose approach. So that 310 million is

just starting to scratch the surface on a global basis. If you look at by country and doses per hundred people right now, Israel leads the world at about ninety nine point seven doses per 100 people, which is remarkable. And again, remember a dose is only half of the full vaccination, if it's, in fact the Pfizer or Moderna vaccines. If you're looking at the other countries the Seychelles, the UAE, the United Kingdom, the Maldives and then the US are in that order inn terms of the most doses delivered. We're at about twenty seven point eight doses per hundred people delivered in this country. If you look at it by doses by one hundred people by continent, North America surely leads the way at sixteen point six doses per hundred people. Europe is at nine point seven, South America at four point three, Asia at two point five, Africa a dismal 0.4 and Oceania, a dismal 0.2. So from that perspective, we can see that there is not equal distribution of vaccine around the world. In the United States, we're administering a little over two million doses per day, which most of that still is the two dose vaccines, the Moderna and the Pfizer, with only a limited amount of J&J vaccine available. Approximately one hundred and sixteen million doses have been delivered. And as you pointed out earlier, Chris, there has been 92.1 million doses administered. That includes sixty one million people received at least one dose and thirty two million people have been fully vaccinated. This is about a quarter of the people over 18 having received at least one dose. That is very good news. We must celebrate that. But it's a start and only a start. Among those greater than sixty five years of age, which you've heard me talk about on numerous occasions on this podcast and why it is so important to get this group vaccinated because of the increased risk for serious illness, hospitalization or death. And among that group of sixty five years of age and older, thirty two million have received at least one dose, which is the equivalent of about 60 percent of the population of those over sixty five years of age, and also twenty two million remain unvaccinated. So we still have a long ways to go in this group. And over the course of the next weeks, even with two million plus doses a day arriving to distribution centers and knowing that you have to, in a sense, cut that dosage in half in terms of number of people vaccinated, you can see we saw the long ways to go to get to this twenty two million that remain unvaccinated over the age of 65. And also remembering that you have a situation where many other people have now been included in the state's hierarchy for getting vaccine so that we have a lot of pressure on getting it to those under sixty five who have a number of other conditions. I've heard from many of you who have had concerns or at least questions about our approach of prioritising those 65 years of age and older. And again, I'll come back and talk about that more later. But it's all about who and how do

we save the most numbers of lives. And so we'll come back to that later. And one additional point in the United States, over two hundred thousand people have now received the J&J or Johnson vaccine, the single dose vaccine. We are so aware of and want to continue to push forward the importance of looking at disparities in vaccination. And while for the short term of trying to just respond to the B117 surge, which is coming, which we'll talk about in a moment, we have to stay focused on the disparities in vaccination and how do we increase those levels, particularly as we look at the consistent pattern across states of black and Hispanic people receiving smaller shares of vaccination compared to their shares of cases and deaths and compared to their shares of the total population. For example, in Arizona, 13 percent of the vaccinations have gone to Hispanic people, while they account for 36 percent of the cases, thirty one percent of the deaths and thirty two percent of the total population in the state. Similarly, in Maryland, black people have received 17 percent of the vaccinations, while they make up 33 percent of the cases, thirty five percent of the deaths, and 30 percent of the total population. We know that white people have received a higher share of vaccinations compared to their share of cases and deaths and their share of the total population in most states reporting data. Yes, we do know we have a lot of work to do on vaccine hesitancy, but we also have some fundamental issues we have to deal with in just the systematic availability of vaccine based on a already well recognized system of racial and ethnic disparities. So I just want to put that out there. I want to be clear to you that once we get through this B117 surge, the age situation, while still very important, this is where 80 percent of the cases that go on to get serious illness and die occur is in those sixty five years of age and older, we also have to be committed to dealing with the disparities that we're seeing right now. I do believe the administration will deliver on their promise to have enough vaccine for every adult in this country by the end of May. That is very good news. And now what we have to do is just manage our ability to get through to May, making sure that we don't let that B117 surge in particular impact people before they get that access to that vaccine.

Chris Dall: [00:14:39] While there's been no recommendation yet in the US to extend the interval between the first and second vaccine doses, as you have been calling for, Canada's Vaccine Advisory Group last week called for extending the interval from six weeks to four months. So, Mike, what was their basis for that decision?

Michael Osterholm: [00:14:56] Chris, the group they're referring to is known as the National Advisory Committee on Immunizations in Canada as part of the government of Canada. They're very similar to our Advisory Committee on Immunization Practices at the CDC here in this country. They have a stellar reputation for their recommendations that they've made over the years with very thoughtful and detailed analysis of the data that's available to make those recommendations. And they, like our colleagues in England, have come up with a very different conclusion than we have put forward here. Let me just share with you the report that came out this past week entitled 'Rapid Response: Extended Dose Intervals for covid-19 Vaccines to Optimize Early Vaccine Rollout and Population Protection in Canada'. And I won't go into all the detail of the report, but let me just summarize some of the points that they made. They said, "The Committee has considered evidence from recent scientific studies on efficacy and effectiveness of covid-19 vaccines in preventing various health outcomes such as infection, symptomatic disease, hospitalizations and deaths from covid-19. While the studies have not yet collected four months of data on vaccine effectiveness after the first dose, the first two months of real world effectiveness are showing sustained high levels of protection." They go on to say, "Short term sustained protection is consistent with immunological principles and vaccine science, where it is not expected to see rapid waning of a highly effective vaccine in adults over a relatively short period of time. Extending the interval between doses were shown to be a good strategy through modeling, even in scenarios considering a six month interval and in theoretical scenarios were waning, protection was considered." They then went on and recommended that in the context of limited covid-19 vaccine supply, jurisdictions should maximize the number of individuals benefiting from the first dose of vaccine by extending the interval for the second dose of vaccine up to four months. Now, they reviewed the data. The issue that I've urged on our country do and has not done yet. And I think that I have great faith in this group and what they did and how they considered the information, whether they considered was short term protection indicative of what would be long term protection for even six to eight weeks, the period that we have continued to talk about relative to the B117 surge. Not months, but weeks. They've talked about four months. Would, in fact, this situation encourage more variant development? More data continues to come out and modelling showing that one dose of vaccine is much more likely actually to reduce the potential for variant development than would, in fact, natural infection, which is going to be at higher levels if we don't vaccinate more people. The data from England has been very impressive and where

amongst the vaccinees, there's been no evidence of variants developing in that population and many of those individuals got a single dose of vaccine. So I think that what we see here is this continuous situation where each day grows shorter and shorter in terms of the time the number of individuals we can get vaccinated in that sixty five year and older age group. Unfortunately, we are now doing public policy by soundbytes in the media. I'm part of it, I get it. But our government, as much as I appreciate what I think has been an incredible effort by this administration on the vaccines, they are failing us on this one part. All we're asking for has been a careful review by an object body that would look at all the data of what do we know about the immunology? What do we know about the epidemiology? What do we know about the modeling studies? What do we know about the virology relative to variants? And put this together and compare that to what the risk is right now of a B117 surge, which we'll talk about in a moment. And that hasn't happened. Instead, we just have this kind of trading comments in the media, which I think is so unfortunate and not a good way to develop public policy. There is a lot of support out here right now for just an evaluation of this. Don't leave it to one or two or three people just to pronounce that this is not going to happen. And as I have said from the very beginning, if we cannot demonstrate the relative effectiveness of the vaccine or the anticipated effectiveness and that that would actually cause more problems, then I'm the first one to say, you know, keep doing what we're doing. But I watch all these other groups- is the science in Canada that different? Are they just not getting it? The scientists in England, are they just not getting it? What are we missing? We're missing a legitimate, comprehensive review of the data to address an emerging problem. I care about what's going to happen with 1351. I care what's going to happen with P1. And that's where I hear comments made all the time, "We can't do this because we may allow those variants to emerge." I can tell you right now that B117 is sitting on our doorstep and is ready to bust through the door. It's not ready to knock. That's what we're up against right now. So I hope that we will see the light where we'll at least have, at least have, a process quickly for understanding what this all means and bringing together the experts from all the different locations. You know, I've seen three recent modeling studies. Every one of them supports the fact that using the deferred second dose for a short period of time versus the first dose would save lives. How can you ignore those data? How can you just dismiss them? So I hope that we do see a change in the approach by this administration and at least evaluate this. For if they don't, I fear that we will needlessly lose thousands of lives in the weeks ahead.

Chris Dall: [00:21:17] You and your collaborator, Mark Olshaker, have a new article out in Foreign Affairs on vaccine inequity in the current global covid-19 vaccine regime. How is the issue of vaccine inequity going to affect how this third act plays out?

Michael Osterholm: [00:21:30] When this pandemic began, there was a recognition that we needed to supply the world's population with vaccine. We always knew that, but the reality was also that the high income countries would be at a great advantage. They had the money to not only develop the vaccines, but to buy the vaccines and distribute the vaccines. And so there was a group put into place, which we've talked about before on this podcast, COVAX, which was an attempt to bring resources under the auspices of the WHO and various sources of support from governments and foundations to help supply the vaccines that we need to the low and middle income countries. It was interesting that, you know, a goal of 20 percent of the population to be vaccinated in the first year was considered to be a, I guess, doable but also acceptable goal. And that all changed in November. From my perspective, everything prior to November was about humanitarian response. And it should have been, we owe it to the world to provide them with these safe vaccines that are effective. Once the variants emerged, it's been a whole new ball game. Because not only are we worried about the variants that cause more transmission of the virus or more serious illness, but now we've already been talking about it for weeks now about what happens with those variants that are able to evade the immune response of either vaccines or natural infection, or at least do it in such a way that it minimizes their effectiveness. And now, of course, we have to consider where might these variants come from? What will be the source of the variants that will challenge our vaccines next month, six months from now, a year from now, two years from now? It's going to be coming from natural infections in our communities. And I'm talking about communities around the whole world. So if we don't minimize transmission of this virus throughout the world, these viruses are going to spin out of these low and middle income countries where transmission will continue. And if we don't limit that transmission, these viruses will be on our shore, they'll be in our population and they will threaten our vaccines. Now, that sounds very selfish and in many ways, what has been called 'vaccine nationalism'. Well, it is. But it's also true for everyone in the world. We have got to stop the transmission of these viruses so that we don't see the kinds of variants develop that challeng vaccines. So this article was really about the recognition that we need to rethink what we've accomplished to date in terms of planning for developing production capacity and envisioning how we might vaccinate

the low and middle income countries. We need a Marshall Plan, maybe a Manhattan project. Because whatever we do there will pay dividends to everyone on the face of the earth, everyone. And so I can't say in any more strong terms that what I see happening right now, while it is, I think, well intended, and I mean that in the finest way, people want to help. But we've got to have a grand plan here. We have got to figure out how are we going to take on the world's need for vaccine. That means it doesn't result in enough vaccine arriving 10 years from now or five years from now. We need it now. And there is not enough capacity to do that. It would have to take on a whole new vision of how we would manufacture these vaccines, how we distribute them, how would we develop plans to deal with vaccine hesitancy in other countries of the world? How would we have enough syringes? How would we have all these things? So I hope that we see that the reason for doing this surely is humanitarian, but it's also strategic. Boy, is it strategic. It's about protecting vaccines for the world. And those discussions are not really happening yet. They need to and I think otherwise we'll be paying a price for supporting and protecting our vaccine effectiveness.

Chris Dall: [00:26:12] Now to the other plot point that's going to shape how this third act plays out, variants. We're currently seeing B117 fueling surges in Europe. Is this a preview of what we're likely to see here? And how concerned are you about what Brazil is experiencing with the P1 variant?

Michael Osterholm: [00:26:30] Well, anyone, again, listening to this podcast over the past 8 to 10 weeks knows of my grave concern about the variants and specifically the B117 now in North America. And while I'm sure for many of you it seems like I've been a broken record and you keep saying, "Yeah, you keep talking about it, you keep talking about it and you keep talking about it, but what's happening?" And even those saying you know, five weeks ago that it would take six or more weeks before we would see those start to develop really into a potential surge of cases in the United States, I regretfully have to tell you, we're beginning to see that happen and we shouldn't be surprised. We know, for example, now with additional studies that those who are infected with the B117 variant typically have higher viral RNA loads, their duration of infection is noted to be longer and that in a sense, the explanation biologically is still not completely clear, but it is absolutely clear epidemiologically that these people are transmitting at a much higher efficiency, 40 to 60 percent more efficient in transmitting the virus. If you look in the United States right now, the CDC is reporting three thousand

thirty seven cases in forty nine jurisdictions. What is important here, it's now almost in every jurisdiction. The number of cases is almost immaterial because there's so little testing and particularly sequencing these viruses. If you look at the Helix Dashboard, this is the company that's doing a great deal of sequencing right now, more than 40 percent of the cases in Florida, more than 20 percent of the cases in California, more than 25 percent of the cases in Texas are all B117. Up from what just weeks ago was one, two or three percent. And, you know, they go up, in some cases for a week or two they're more static, and they go back up again. If you look at wastewater testing, one group that's been reporting their data in Houston shows that B117 is spreading in that city quite quickly. We see 25 percent of the cases in Georgia are now B117. And this is a situation where the non-B117 cases continue to decrease and the B117 are starting to increase. So it looks flat. And that's exactly what happened in Europe, we've seen that before, this picture has happened before. But what happens is unless you're in lockdown like they have been largely and we'll talk about that in a moment, what happens is then roughly around 50 percent or more of the viruses being B117, you start to see very rapid growth of cases in the communities, often starting in children. This leads me to why my fears about what this might do, this variant, are now being realized in a place like Minnesota. I'm not in a place to get into great detail, but the Minnesota Department of Health has already announced a very rapidly growing outbreak of B117 here in the state of Minnesota. And I've had the opportunity to review the data they've collected. I want to, first of all, just compliment them. The department has done an amazing job of contact tracing, follow up, putting together the epidemiology of these cases. They reported over the weekend in sixty eight cases, which represent truly many more infections in the community in an area, primarily in one county. But even since Saturday, that has expanded substantially in terms of where the transmission is. This is dynamic transmission. If you could see the plot of all the cases and the contacts, and the contacts, and the contacts and the level of infection transmission that's occurring right now, it is remarkable. I've not seen anything like this before. Not. You know, maybe if we didn't have people vaccinated for measles, we had a measles outbreak that would maybe be it. But otherwise, this is remarkable transmission. I've never seen influenza do this like this. And so the challenge we have right now is, is what's happening out in the public, is this idea that we're done, we're over, we're opening up everything. So now we have on top of the fact that we're having this transmission largely associated initially with schools, youth sports and then spreading in the community, is the fact that this has not yet resulted in a big increase in hospitalizations or big increases in cases as the

other cases are going down, non-B117s. But this is just a matter of time before we see that turn, as we saw in Europe. And at a point where we're opening up everything right now, we could not be more inviting to this virus. This is a perfect storm. We've got this level of activity in Florida and we're about to see a major spring break event, pent up energy from a year ago. And we can tell you right now that if you look at hotel reservations, travel, etc., this is going to be a banner year there. So here in the United States, I have no doubt that this is going to start to take off. Could be a few more weeks yet for many areas. Some areas will get hit sooner than others. And it will start out largely in kids, which will be a challenge to those wanting to open schools again. We're going to reopen a lot of schools. And I think it's very possible that within several weeks of that, we could be closing them back down again. Not anything anybody wants to hear, but it's the reality of what likely will happen. The one thing that we've got going for us in this is just to keep vaccinating our older populations as much as we can to reduce those serious illnesses, those hospitalizations and deaths, because these kids are going to start transmitting to mom and dad, which we're already seeing, which will then eventually go to grandpa and grandma or uncle and aunts. And so I just know this is coming. It's closer now than it was last week, unfortunately. The hurricane analogy still applies now. We definitely can see really dark grey clouds right up to the beach. And what will happen is unclear. How will we respond? You know, what this virus is going to do yet is still unclear. But I can tell you, we are going to see a sizable number of B117 cases over the next few weeks to few months at a time when we are giving it every opportunity to spread. As far as B117 and the rest of the world, let me just comment on that, because, again, this is the road map. This is what we should be looking at. Overall, B117 is spreading significantly in twenty seven European countries monitored by WHO. And it is the dominant variant right now and the dominant virus in at least ten countries, the U.K., Denmark, Italy, Ireland, Germany, France, the Netherlands, Israel, Spain and Portugal. And at this point, I'd rather than go through each country and just give you what's going on. It varies depending on what degree of lockdown they've been in. I've shared with you week after week, the extent of lockdowns in Europe that have been going on since Christmas which most people are not aware of. In some cases, some countries are not what they call locked down, but when you start looking at all the things that are closed, the activities that are not permitted, they surely have limited their activity in a way that would help slow down transmission. Some countries have been particularly hard hit. Right now, the Czech Republic is in tough shape. We're beginning to see major increases in the Scandinavian countries with this issue. And I just know

that it will only be a matter of time before we begin to see some of that same activity. We're also now beginning to see B117 activity in Asia with cases in Japan and the Philippines starting to increase. The prime minister in Japan has warned that there could be a potential surge driven by B117, and that he's likely to extend a state of emergency to Tokyo for that reason. So the whole world is going to be dealing with this. Our difference is we think we're done. And I don't know what else to do other than just remind people that get vaccinated or please understand you're still at risk. In terms of the other variants, I don't really know what to say about P1 right now in Brazil. Other than that, it's scary as hell. What we're seeing in Brazil right now is a huge challenge. And anyone who's following this closely realizes we're still hurting to get good information out of Brazil. But they are really at an all time high in terms of the transmission of virus there. It's now sweeping through a number of cities in Brazil. They have now just this past Tuesday, recorded more deaths in a single day toll than the entire pandemic before this. And the governments themselves are indicating the severity of this situation. This appears to be P1, although I think we have to be careful, I think B117 may be part of this also. But what it's telling us is that these other variants, the P1 and the B1351 are not done with this either. And again, I just come back, this is the one, remember, that can impact on the protection afforded by the vaccine and/or natural immunity. And so I think we have to sleep with one eye open for the months ahead knowing that we could get through B117, but still have to deal with these other variants. They're not going away. And the more people that get infected, as I said, the more variants you're going to see. So as I've been saying for some time, the variants are the game changer. And people ask me what inning we're in right now, I say rather than the bottom of the third or top of the fourth, I say we're in the first two minutes of the first quarter. And they look at me kind of funny, like, well, you don't have quarters in baseball. My answer is, you're right. We're in a whole different ball game right now. And I think the variants are it. So it's our vaccine, our efforts to reduce transmission against this evolutionary advantage that these viruses have. And right now, I am hopeful, but I can't say with certainty who's going to win this one in the short term or the long term.

Chris Dall: [00:37:06] So, Mike, to follow up on a point you were just making, despite the warnings from the CDC about the still high levels of new cases in the U.S. and the dangers of the variants, a growing number of states are removing their covid restrictions. They're lifting the mask mandates, they're ending the capacity limits on restaurants. How big a role is that going to play in how this third act plays out?

Michael Osterholm: [00:37:29] I only know it will play an important role, how much, I'm not certain. For example, the infection in kids is really something very different than we've seen before. And yet right now, we're in the biggest push we've been in since March of a year ago to reopen all schools. Well, my concern is we're going to see a lot of transmission in kids. We're going to have some serious illnesses there. And then the virus is going to move into mom and dad. And at that point, hopefully not into grandpa and grandma. But if you've seen what happened with college students once they got infected this past year as a large group, it did move through the community subsequent to the infection on campuses. These kids hold the very same potential. And I just got done describing this outbreak here in Minnesota. Kids are feeling this, but the older individuals who are at much more increased risk for serious disease, hospitalization and death are going to pick it up from these kids. So there right there is one conflict and nobody who is trying to get schools open wants to hear anything from people like me about the schools being a problem coming down over the course of the next several months. The second thing is just opening up everything. I understand that. I get it. People are tired, people really are tired, they're frustrated. They're financially in such bad places. They're hungry, they haven't had enough food. And so to try to explain to them now that something's going to happen, nobody wants to believe that. I am resigned to the fact that very few people are going to take any of these messages that people like myself are sharing very seriously. They're not. But then that gets me back to that old cliche- why are we so good at pumping the brakes after we wrapped the car around the tree? And I'm so afraid that that's what's going to happen, because in Europe, the B117 when it started really was on the back of the previous surge that was not due to B117, but because they were in a lockdown phase, it kept the transmission minimized in Europe, even though they still had a lot of transmission. So I think at this point, this is why as individuals, all of you listening on this podcast, take care of yourself. You do not want to be the person that gets infected two days before you have your first dose of vaccine. Live for that moment. Do what you can to keep yourself safe. If you've not been infected to date, please keep it up. Not much longer, this B117 surge is not going to last for months and months. But you don't want to between now and May, for example, become infected, be seriously ill and even die. So I hope that even though governments are going to loosen up, they're going to allow life to get back to what it once was, it won't be that because the virus will be there. And I just hope that we can

get as many people through that time period to vaccine and make certain that they don't become a statistic.

Chris Dall: [00:40:45] So going back to vaccines, the CDC this week came out with new guidelines for fully vaccinated Americans, which is something you've been calling for on this podcast. Mike, what do you make of those guidelines?

Michael Osterholm: [00:40:57] Well, first of all, let me congratulate CDC on actually putting these guidelines out, and before I give you my conclusions about them, let me just tell you that I have received many, many emails about these. And there are those that come from what I'd call a more conservative bend that think that the restrictions are still far, far too much, loosen up much more. And then I have a number of emails from people who are really concerned about the impact of these and think that they went far too much in the way of relaxing requirements to minimize transmission. And when you get basically both sides really feeling that the same document represents two different things, I call that the Goldilocks document, it's probably pretty good. In this case, this document surely can be improved. And I have to give credit again to the CDC and to Dr. Rochelle Walenksy, who made it very clear in releasing that this document be constantly updated as new information comes in. And so this isn't one of those documents that will be on the table static for the next year, live by it. I think as we get more experience, it will basically be expanded substantially. First of all, the document does recognize that vaccination in of itself is still the most important thing we can do to protect ourselves long term and in a way that allows us to get our lives back. And we have to encourage people to do that, to get vaccinated. And if we tell them, "Oh, no, you're going to wear your mask and you're still going to be quarantined or isolated or not able to join the community, even though you've been vaccinated with highly effective vaccines," that doesn't play. That won't play. The public will not buy that. That's what I said on multiple occasions on this podcast. And I think their first step was to say, you know, if you are vaccinated and you visit those from a single household who are at low risk for severe disease, i.e., grandpa and grandma, kids and grandkids, and you know where my heart goes, I'm there, then in fact, you can do that. Now, I would have liked to see them gone further than they did in some of the areas around congregate living. We'll talk about that more in a moment. I know we have a question that's going to come up this week on that. I think they have to provide more direction on travel. That was the one that I think a lot of people thought that the document laid an egg and just said we're

going to keep our very strict travel requirements in place. I understand why, some of the variant issues are key. How do you distinguish where you travel? Under what conditions and what variants might you encounter that could impact on how protected you are by your current vaccine? So in short, I would just say that I urge you to read these, they're on our website, this guideline. And I think that they're clearly coming and I look forward to additional iterations of this. And while some have been critical, again, they're too lenient, others have said they're basically still are far too strict, I think that they are in the right place. And I do believe that over the course of the next weeks to months, they will only get better.

Chris Dall: [00:44:20] So as you just mentioned, we received an email last week on an issue that is connected to these new CDC guidelines and what fully vaccinated Americans can do safely. So here's an excerpt of what Jim wrote to us, "I have not been able to visit my wife Mary since last February, since she is in an assisted living facility for early onset Alzheimer's. She's vaccinated and I am vaccinated, yet I cannot visiter with full contact. She's not able to deal with six foot distancing and will fight to be able to hug me. I've been in contact with the CEOs of two large assisted living facilities and they informed me that the issue is that the CDC has not released any rational guidance in this area that the states can take and adopt a state policy." So Jim went on to note that staff at many of these facilities are being vaccinated at only a 50 percent rate, and said that in his view, vaccinated spouses are no danger to each other relative to the danger posed by unvaccinated staff. "I want to visit with my Mary," he wrote. So, Mike, do the CDC guidelines released this week address vaccinated people in congregate settings? And if not, do people in Jim and Mary's situation need better guidance?

Michael Osterholm: [00:45:28] First of all, Jim, my heart aches for you and Mary. I can't imagine the painful situation that you experience trying to be close to your wife under such difficult conditions and not being allowed to do that. This is one of those examples where the CDC document doesn't provide clear and compelling statements about what to do. They said in the section on the impact of prevention measures in the context of vaccination, quote, "Furthermore, there may be certain activities that can be performed after vaccination, such as nursing home visitation as long as other measures are maintained," then the cite is CDC unpublished data. Well, I will take this statement to say on behalf of the Public Health Supreme Court, you have just won your decision. I hope that this long term care facility will allow you to hug your wife and hold her for as

long as you want and take this statement right there. Now, they may say, well, "It's still not clear. It's not clear." This is where our human hearts have to be equally represented as much as our big brains, and you are so right about the fact there are so many workers right now in long term care who are not vaccinated. If you want to talk about risk, the two of you being vaccinated are absolutely such a low risk to that facility per their other risk. It seems to me to be just ridiculous that they would keep you away. So I hope for everyone listening out there who have similar situations to Jim and Mary that you are advocates for yourself or you help someone be an advocate for yourself or you be an advocate for someone else and continue to press this issue. If you're all vaccinated, absolutely you should be able to have physical contact in that long term care facility and feel that you're doing it safely. So I hope that you can report back to us in the very near future that that was successful. And I hope that you hold her tight and hold her for a long time.

Chris Dall: [00:47:49] All right, going back into our e-mail bag here, we received a follow up email this week from Kevin who's question about participating in the Birkebeiner cross-country ski race was just a few weeks ago on the podcast. And for our listeners, your advice, Mike, was to tell Kevin to go for it. So, Mike, can you share Kevin's email with us and why you think it's important?

Michael Osterholm: [00:48:12] Well, for those listeners who don't remember, Kevin inquired about whether he could actually participate in the national cross-country ski race called the Birkebeiner, the American Birkebeiner in Wisconsin and I'll talk more about that in a moment. And I gave him the advice that, in a sense, was about a winnable moment, that there were a lot of things that he could do to make certain that he didn't put himself at increased risk and the way the race was laid out, the same thing, and that he should do it. He should take that opportunity to do it in the safe manner. And these are the winnable moments I'm talking about. As I mentioned, this is one of the longest races in the country. It debuted in nineteen seventy three starts in Cable, Wisconsin, and goes to Hayward, Wisconsin. There are different races lengthwise and this year they did so many things to make it covid-19 save. They, for example, had a looped course. So you didn't actually end up going from cable to Hayward but came back around. They limited the number of racers. They spread it out over time. They had no audience there. It was all kinds of things they did. And first of all, my hat's off to the Birke for what they did and how they did it. This was what we are talking about by

getting winnable moments. So Kevin sent us the following email back afterwards. "Dr Osterholm and CIDRAP team, I really appreciated hearing from you about the level of risk involved in skiing the Birke. I really didn't want to skip it and my worries were put to rest. I went down to Cable and had a great time. The Birke crew ran a great race and enacted a number of measures to ensure a safer event. It was broken up into five separate races, masks were used everywhere, but during the actual race they eliminated the need for transporting people around by looping the course back to the beginning, they had countless fluid available at the aid stations and skiers were allowed a window of time to start so they didn't need to be near others if they didn't want to. Although our results don't count for placement next year because different weather and snow conditions can have larger effects on time, I'm really happy with my race and confident I would have been able to move back into the elite wave if it were possible. More importantly, it was a festive event that capped a year of anxious training for many citizen skiers. And it provided a lot of folks with an outlet for and reminder of the things we can do. I even did a little physically distance outdoor tailgating in the parking lot afterwards, drinking and eating items I brought with me from the car. I drove down by myself that same morning. Out of an abundance of caution, I will get tested five to seven days after as well. Thanks again for doing this podcast. Sincerely, Kevin." I just have to say that this is one of those great moments. Everyone listening, please find the ways you can have your own Birke right now. And when you get vaccinated it will even get better. Thank you, Kevin, for your note. Thank you for the follow up. I'm so glad that you got to participate in this race. Congratulations to the Birke crew who obviously went out of their way to make certain that this was as safe as possible with regard to covid-19 transmission. And these are the winnable moments. I hope all of you can find similar moments. If you're not yet vaccinated, there still are opportunities to do the things like Kevin did. And so I'm excited about that. And I'm going to be more excited when we can one day have it, when we're all vaccinated and feel completely protected in these environments.

Chris Dall: [00:51:55] Now to one of our favorite parts of the podcast, the act of kindness update. This week we have an international act of kindness from a listener in Barcelona, Spain. Can you share with the audience, Mike?

Michael Osterholm: [00:52:06] Well, this is indicative of this podcast family I talk about, we hear from people from around the world. And I can't tell you how much that means to

us in the sense of how much you inform us and provide us with information about what's happened in your areas and and the cultures that you come from. So this one is from Maya. And thank you so much, Maya, for it. She says, "I live outside of Barcelona and have been listening weekly to the Osterholm Update. Thank you. Early on in the pandemic, my family organized several Go Fund Me initiatives to help people in Rwanda where my husband works, who were suffering from the economic impacts of the lockdown imposed there. Since I am a ceramicist, in January, I decided to organize an empty bowls fundraiser. When I lived in New York I participated in our local empty bowls fundraisers, but this was the first time I organized one and the pandemic complicated logistics. The local ceramics community donated one hundred and seventy handmade pottery bowls, each one beautiful and unique. My friends and I organized two separate outdoor socially distanced with the doodle sign-up events last weekend. People were invited to come and choose a bowl, we served a delicious soup in their bowl, make a donation and then keep the bowl. We raised over two hundred and fifty euros for a Barcelona based charity that supports the homeless. I was overwhelmed with the positive energy and support we had for this event. And I'm enclosing a video and a few photos. Best, Maya." And I have to tell you, the photos and videos were just incredible. So thank you. Again, creativity, kind heart, thoughtful. And this is what we can do. This is part of our pandemic of kindness. And so, Maya, all the way from Barcelona, Spain to Minneapolis and back, we thank you for sharing this and for what you did. And one day I want to come to Barcelona and I want to buy one of those bowls from you. They were quite remarkable. So thank you very much.

Chris Dall: [00:54:15] And a reminder to our listeners, no matter what country you're in, if you want to share your pandemic act of kindness with us, please email us at OsterholmUpdate@umn.edu. Your closing thoughts today, Mike?

Michael Osterholm: [00:54:29] Well, thank you again to all of you for spending time with us. It means everything to us, as I say weekly and I say sincerely every week. We know you have many other opportunities to get your information about covid-19 and the pandemic and how it's proceeding. And even if you always don't agree with me on certain issues, you're very kind and tolerant to stay with us. That's what families do. And I appreciate that more than I can tell you. I thought a lot about this particular closing this week, and it came in light of a series of emails I've received over the last several weeks. And so let me tell you a story, background, and then you'll understand why I've chosen

what I have. First is the story about Harry Chapin for many of you in this podcast, you may never have heard that name before. Harry Chapin was an American singer, songwriter and philanthropist. As was described in several different books about him, he was one of the most beloved performers in music history. Harry Chapin died at the age of thirty nine, July 16th, 1981, in an automobile crash outside of New York City. He was on his way to do a fundraiser. I personally have been drawn to him while he was alive. His song, Cats in the Cradle to me has always been an anthem about how I want to be as a father. All 14 of his singles that released all became Hot Hits, a remarkable songwriter singer, and he fought to end world hunger like very few people did. He put his money where his mouth was and he worked hard. Person number two, that fits into this story, Pete Seeger, a folk musician that needs little introduction to most people on this podcast. Pete died at ninety five years of age on January twenty seventh, 2014 and having done fundraisers not long before he died. The 1950s, he was a member of the Weavers, a very famous folk singing group back then. And in the 1960s he became a prominent singer of protest music in support of international disarmament, civil rights, workers rights and environmental causes. He was the person who wrote Where Have All the Flowers Gone and made that famous. He also was the one that popularized We Shall Overcome, which became an anthem for the civil rights movement. Barack Obama called him America's Tuning Fork, and he believed in the power of song to bring social change. These two remarkable gentlemen had a conversation one night when they were both still alive and they were discussing why did they do what they did and how did they do it? And in particular, Harry was asking this of Pete Seeger. And Pete responded and said, you know, being committed to the good causes puts you in touch with the people, with the live eyes, the live heart and the live heads. And he said, you know, I'm not sure if anything I do makes a difference. But every night when I go to bed, I put my head down in that pillow and I know I spent the days with the good people. What a powerful statement. Well, why do I say that? Because a number of you have actually written me recently reading in the internet some pretty horrible statements about me or suggestions that my motivations and my ego are are not, in fact, consistent with what they believe is the reality. And they've asked me, "Why do you do this? You know what is it that makes you do this that you would have to put up with that kind of feedback?" And first of all, let me just be clear. I get so much positive feedback from you. I've told you over and over again as a podcast family, you have no idea what you do for all of us at CIDRAP. We all benefit immensely from you and your comments and your input. But, you know, I thought about it a lot. Why do I do this podcast? Why do I

put myself out there knowing I'm going to get cut to pieces the next day. And it's because of you. You are the good people. When I finish a podcast, I know I've spent time with the good people and I hope you all take that seriously because it's you that do the acts of kindness. It's you that continue to struggle with the pain, the isolation, the loneliness, the mental health challenges, economic challenges, all of the things that go on with this pandemic. But you're good people. We hear it and see it every day. So I share with you the story of Harry Chapin and Pete Seeger in the context of I will never be them. Believe me, I have no misconceptions about that. But I do have a bit, a little bit of an understanding of what it means to be with the good people. So thank you very, very much. Have a good week. Have a safe week, be kind, be thoughtful and most of all, love yourself. Thank you.

Chris Dall: [01:00:02] Thanks for listening to this week's episode of the Osterholm Update, if you're enjoying the podcast, please subscribe, rate and review and be sure to keep up with the latest covid-19 news by visiting our website CIDRAP.umn.edu. The Osterholm Update is produced by Maya Peters, Cory Anderson and Angela Ulrich.